This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/12/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	1	
A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	-	Laboration .
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		,
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Darien Communications, Inc
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		POB 575 (Number, street, rural route, apartment, or suite number)
		Darien, GA 31305
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name			FORM SA1-2E. PAGI
Darien Communications, Inc Instructions: List each separate community served by the cable system. A "community" is the same as a "community" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Darien GA Townsend GA	Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Community McIntosh GA Townsend GA GA	Name	Darien Communications, Inc	620
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Community McIntosh GA Townsend GA GA			nunity" is the same as a "community unit" as defined in FCC rule
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE First Darien GA Community McIntosh GA Townsend GA	D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	ou list will serve as a form of system identification hereafter kno
Served Identified city. CITY OR TOWN STATE First Darien GA Community McIntosh GA Townsend GA	A	Note: Entities and properties such as hotels, apartments, condominiums, or mob	oile home parks should be reported in parentheses below the
First Darien GA Community McIntosh GA Townsend GA		identified city.	
Community McIntosh GA Townsend GA		CITY OR TOWN	
Townsend GA		Darien	
	Community	McIntosh	GA
Rose at Notesian		Townsend	GA
	Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Darien Communications, Inc

62016

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	2,067	30.19	Expanded	1,823	51.00	
 Service to additional set(s) 						
• FM radio (if separate rate)			Digital	569	18.95	
Motel, hotel						
Commercial			HD	354	15.95	
Converter						
Residential	330	4.95				
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		 Fire protection 			
• First set	70.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	35.00		
Converter	4.95	Disconnect			
		Outlet relocation	32.00		
		Move to new address	70.00		

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID
	Darien Communicati	ons, Inc		6201
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.610	lentify every television station (including them during the accounting period, except in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph.	(1) stations carried only on a part- e carriage of certain network progr	time basis under ams [sections
Television	Substitute Basis Station basis under specific FCC r	s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th		
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ped with a station according to its over-the	see page (v) of the general instructorgram services such as HBO, ES -air designation. For example, republished in station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep	tions. PN, etc. Identify each ort multistream the air in its community a noncommercial pendent), "I-M"
	For the meaning of these to Column 4: Give the location	terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
tows as Necessary	WASV			Savannah, GA
	WVAN			Savannah, GA
	WVAIN			Javannan, JA
	WGSA			Savannah, GA
	WOOA			Savannan, Sa
	WJCL			Savannah, GA
				Outumui, OA
	WTOC			Savannah, GA
	11100			Odvalliali, OA
	MDVC			D
	WPXC			Brunswick, GA
	WTGS			Savannah, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62016

Darien Communications, Inc

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
	 						
							
	 						
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

Assouration Design	.d. 2010/1						FORM	A CAA OF DACE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#
Name	Darien Communicatio							62016
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant state Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ify every noneccounting pring that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant star egulations, or ries like "mo	eriod, under sp st be included RNING SUBS ur cable system erest of this pa AMS am on a separadd additional connetwork teletion and that your authorizatio	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute based by the carry, on a substitute based by the carry of the carry	a distant sta CC rules, reg ne general ins sis, any nonr s "Yes," you r s wherever po e program") ti ed for the pro-	ulations, or structions in hetwork telemust complements ossible, if the hat, during ogramming ions for fur	evision progetision progetisio	ns. For a further A1-2 form. ram X NO gram g is ing station tion.
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	sign of the adcast station adian station the and day we "5/7." es when the Example: a er "R" if the and regulation ming that	station broadd on's location (ons, if any, the when your sy e substitute pr a program car listed prograr ions in effect of	stem carried the substitute ogram was carried by your ried by a system from 6:01 m was substituted for progr luring the accounting perio	e station is lice station is lice station is ide program. Use reable system :15 p.m. to 6 ramming that d; enter the ler FCC rules	entified). se numeral m. List the s:28:30 p.m t your systeletter "P" if	Is, with the n times accura i. should be em was requ the listed pro ations in	nonth ately iired
	S	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION

accounting Period:					SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Darien Communications, Inc			•	SYSTEM II 6201			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the cast identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's se on of how to	condary transmi compute this a	ission service amount, see				
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800	but less tha	an \$527,600	263,800				
	See page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00			this six-mon				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 1 and 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)				
	Base amount under statutory formula	\$	263,800.00					
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3,800 (but	less than \$527,	600)				
	Enter the amount of gross receipts from space K	\$	364,192.00					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	100,392.00					
	4. Multiply line 3 by .01		\$	1,003.92				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		\$	1,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	I, 5, and 6 .		\$	2,322.92			
	FILING FEE AND TOTAL REMITTANCE DU	JE						
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,322.92				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	·			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,342.92			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!			

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Darien Communications, Inc	SYSTEM ID# 62016
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	7
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	274
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		912-437-6615
	Address 1011 North Way (Number, street, rural route, apartment, or suite number) Darien, GA 31305 (City, town, state, zip)	
	Email Ken.Johnson@dtctel.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	system as identified oner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Mary Lou Forsyth Title: President (Title of official position held in corporation or partnership)	
	Date: February 12, 2019	

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rien Communications, Inc	62016
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- - -
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	n n
ID number First community served Accounting period	

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